

No. 300  
-10-47  
5-17-39  
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32894

State File No. 4121

FILED NOV 4 1948

Registration District No. 1948

Primary Registration District No. 1002

Registrar's No. 4121

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town JACKSON CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hosp. No. 1  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 4 mo. 20 min.  
(Specify whether years, months or days) 54 yrs.

3. (a) PRINT FULL NAME

EMMETT GAW

3. (b) If veteran,

name war No.

3. (c) Social Security No.

LOST

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MYRTLE GAW 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Nov. 19, 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 13 hr. min.

9. Birthplace Lafayette Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name JOHN GAW

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MYRTLE GAW

(b) Address 625 Cottage Lake

17. (a) Removal (b) Date thereof Oct. 12 '48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Japanese Cem.

18. (a) Signature of funeral director John G. G.

(b) Address 1513 TROST AVE.

19. (a) 10-11-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1603 V. Road Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3  
year 1948 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from Representative to - Crane, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock - Duration \_\_\_\_\_

Due to Internal Hemorrhage

Due to Large Shot Wound Left Lower Abdomen

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy No - Permit

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 10-3-48

(c) Where did injury occur? K.C. Jackson, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home - 1603 - E - 18th  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury Gun Shot

Signature Thurciains (M. D. or other) J. R. Williams

Address 2634 - Brooklyn Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

10-11-48

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. E. Davis

Licensed Embalmer No. 4417

P. O. Address K. C. Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**